

**Classification of Overweight and Obesity by BMI,
Waist Circumference and Associated Disease Risk* and Treatment Guidelines for Adults**

Disease Risk* Relative to Normal Weight and Waist Circumference

		BMI (kg/m²)	Obesity Class	Men ≤102 cm (≤40 in.) Women ≤88 cm (≤35 in.)	Men >102 cm (>40 in.) Women >88 cm (>35 in.)	Treatment Guideline
Underweight		18.5		-----		Encourage healthy nutrition & physical activity habits to gradually gain weight.
Normal+		18.5 - 24.9		-----		Brief reinforcement/educate on weight management.
Overweight		25.0 - 29.9		Increased		Advise to maintain weight/address other risk factors.
		25.0 - 29.9			High	If patient wants to loose weight, clinician and patient devise goals and treatment strategy (diet, physical activity, and behavior therapy) for weight loss and risk factor control. Consider pharmacotherapy if BMI 27.0-29.9. If doesn't want to lose weight, advise weight maintenance and address risk factors.
Obesity		30.0 - 34.9	I	High		Clinician and patient devise goals and treatment strategy for weight loss and risk factor control to include diet, physical activity, and behavior therapy. Consider pharmacotherapy if patient has not lost 1#/week after 6 months of lifestyle therapy.
		30.0 - 34.9	I		Very High	Same as above.
		35.0 - 39.9	II	Very High	Very High	Same as above. Consider surgery with co-morbidities.
Extreme Obesity		≥ 40	III	Extremely High	Extremely High	Same as above.

* Disease risk for type 2 diabetes, hypertension, and CVD.

+Increased waist circumference can also be a marker for increased risk even in persons of normal weight.

Source: NHLBI



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Diabetes Quick Reference Guide for Healthcare Providers

(American Diabetes Association, 2008)

Preventive Care Standard	Frequency	Description/Comments
<i>Aspirin Use</i>	Take 81mg tablet by mouth daily	Unless contraindicated
<i>Blood Pressure</i>	Monitor at every visit	Treat to target of less than 130/80 and < 120/80 if high-risk or complications present
<i>Dilated Eye Exam</i>	At least annually	Refer to ophthalmologist or optometrist
<i>Dental Exam</i>	Every 6 months	Refer to dentist
<i>Foot Exam</i> <ul style="list-style-type: none"> ❖ Brief ❖ Comprehensive 	<ul style="list-style-type: none"> ❖ At every visit ❖ At least annually 	<ul style="list-style-type: none"> ❖ Perform visual exam at each visit ❖ Include visual inspection, sensory exam with monofilament, vascular exam, & examine footwear
<i>Flu Vaccine</i>	Annually	All patients should receive unless contraindications
<i>Pneumococcal Vaccine</i>	At least one lifetime vaccination for all patients with diabetes	Revaccination is recommended for individuals > 64 years previously immunized before age 65, if the vaccine was given more than 5 years ago.
<i>Hemoglobin A1C (A1C)</i>	Every 3 to 6 months	If stable do every 6 to 12 months; every 3 months if not meeting goals. Target is A1C < 7%
<i>Lipid Profile</i>	At least annually, and more frequently as indicated	<ul style="list-style-type: none"> ❖ Triglyceride < 150; ❖ Cholesterol < 200; ❖ LDL < 100 or < 70 if high risk/CVD present ❖ HDL > 40 (men) or > 50 (women)
<i>Renal Function</i> <i>*GFR=glomerular filtration rate</i>	Annually to assess Chronic Kidney Disease (CKD)	<ul style="list-style-type: none"> ❖ Urinalysis for protein and microalbuminuria at least annually ❖ BUN & Creatinine & calculate *GFR
<i>Ace Inhibitor/ARB Use</i>	ACE inhibitors or ARB use has been emphasized for nephropathy screening and treatment by the ADA (2008).	Indicated in: <ul style="list-style-type: none"> ❖ All type 1 DM patients with microalbuminuria even if they are normotensive. (documented or newly diagnosed) ❖ Use in normotensive type 2 patients with microalbuminuria is less substantiated by studies; providers should discuss risks versus benefits with patients. ❖ If not on ACE inhibitor/ARB—documentation is required in the medical record
<i>Physical Activity</i>	At least 30 minutes 5 days a week; to include muscle-strengthening activities	Individualize to meet patient's health status
<i>Self-Monitored Blood Glucose</i>	Individualize to meet goals Assess at every visit	Adjust frequency to meet personal patient goals and target range of 70 to 120mg/dl
<i>Self Management Education</i>	Assess at every visit	Refer for diabetes education at diagnosis & as needed to meet patient's needs and goals
<i>Medical Nutrition Therapy</i>	Initial instruction by registered dietitian	Refer for nutrition education with dietitian with initial diagnosis, and with any condition changes
<i>Tobacco Use</i>	Assess at every visit	Offer user assistance in obtaining cessation treatment.